

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	44-6		9-8-02
<b>O.I.P.E. CLASSIFIER</b>		7	9-13-00
<b>FORMALITY REVIEW</b>	CT	666414	10/24/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	8/26/02
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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11	✓
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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